

Facility:
POLICY NO: 2.01
AREA: Social Services
SUBJECT: Admission Criteria

Adopted: 02/83
Revised: 03/03
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Policy:

The facility shall provide a list of admission criteria for individuals desiring admission to the facility which are in compliance with established guidelines.

Purpose:

To clearly define criteria for admission to facility.

Staff Responsible:

1. Administrator
2. Admissions / Marketing Director
3. Director of Nursing
4. Special Care Coordinator (when applicable)

Admission Criteria:

Residents admitted to the facility shall meet the following criteria:

1. Be at least 18 years of age.
2. Not require treatment for alcohol / drug dependency
3. Not require mental treatment as defined in the State Mental Health Code.
4. Not require prenatal or maternity care.
5. Not be destructive of property.
6. Not be harmful to self or others.
7. Not be developmentally disabled.
8. Not have an outstanding bill from a previous stay.
9. Diagnosis of Alzheimer's Disease or Related Disorders for those to be admitted to the Special Care Unit.

No one shall be denied admission to the facility based on race, religion, color, sex, national origin, handicap, or age.

Individuals with infectious contagious or communicable diseases (i.e., MRSA, Hepatitis B, HIV) shall not be denied admission solely on the basis of such diagnosis.

The facility shall admit only those residents for whom we can provide the services necessary for their required care. These services may be provided by our own staff within our facility, or by agreement with qualified outside resources.

Each resident shall be permitted his or her choice of a physician of record. In the event the resident's personal physician does not wish to make nursing home visits, this facility shall furnish the resident with a list of physicians who would be willing to serve as physician of record while the resident resides within our facility.

In order for an admission to be scheduled, financial arrangements must be in order in the business office. Families should make arrangements to sign admission papers either prior to or on the day of admission. If they are unable to do so, an appointment may be made for a time which is convenient to them.

If the resident is planning to use Medicaid as his/her source of payment, he/she must have an active case number and card.

If possible, on the day of actual admission, resident / family should bring Medicare card, Social Security Card, Medicaid card, copies of Power of Attorney of Guardianship, and any other information relative to his / her care.

Policy:

The facility shall establish and follow detailed policies and procedures when admitting a resident to the facility.

Purpose:

To establish guidelines for admissions and to ensure that each admission is processed in an efficient and orderly manner.

Staff Responsible:

1. Administrator
2. Social Service Director/Admissions Director
3. Nurse
4. Certified Nursing Aide (CNA)
5. Shift Coordinator
6. Director of Nursing
7. Food Service Supervisor
8. Maintenance / Housekeeping Supervisor
9. Activity Director
10. Marketing Director
11. Billing and Collections Specialist (BCS)

Procedure:

The following items must accompany a resident upon the day of admission:

1. Discharge Summary (if from hospital)
2. History and Physical
3. Hospital Transfer Form – if direct transfer from hospital
4. If resident is to be admitted under Medicare, a signed physician's certification is required.
5. Within 5 days prior to, or 72 hours after admission, a thorough physical shall be completed which shall include:
 - a. Condition
 - b. Weight and height
 - c. Diagnosis
 - d. Plan of Treatment
 - e. Recommendations
 - f. Treatment Orders
 - g. Personal care needs
 - h. Permission to participate in the activity program as appropriate

- i. Documentation of presence or absence of TB by Mantoux method tuberculin skin test administered within 90 days prior to, or 72 hours after admission. A second skin test shall be administered at least one week, but no more than three weeks from date of first test. If the first or second test reaction is significant, or if active tuberculosis is suspected, at any time, the attending physician or local health authority shall order any further examinations and treatment, which is considered necessary, such as X-rays, cultures or sputum smears.
- j. Rehabilitation potential
- k. Documentation of the presence or absence of incipient or manifest decubitus ulcers, with stage, size and location specified, and order for treatment if present.

Admission Process

1. Referral and Screening

At the time a referral is made, information shall be verified. The prospective resident is visited by the Marketing Director, and other staff if appropriate, to obtain current medical, psychological, and social information. If the patient has a diagnosis of Alzheimer's or Dementia the referral is to be reviewed by the Garden Court Coordinator and an Alzheimer's Screening Form shall be completed.

When an in-house referral is made to Garden Court, the interdisciplinary team shall meet to determine if placement is appropriate pending the completion of the Alzheimer's Screening Form.

Information shall be reviewed by the Admissions Committee and a determination shall be made to accept or reject the person for admission to the facility with the final approval of the Administrator. Notification of the Admissions Committee's decision shall be given to the referral source as soon as possible. All residents admitted shall be pre-screened by the Department of Aging or other State Agency. Admissions Director will ensure that the screening form has been obtained and placed in the electronic medical record.

2. Determining Payment Sources and Medicare Eligibility

Facility policies regarding payment of services as stated in the "Contract Between Resident and Facility" shall be explained at the time of referral to the prospective resident/responsible party by the Social Services/Admissions Director, Marketing Director, Administrator, or BCS.

Type of payment source shall be determined at the time of screening. Eligibility for Medicaid, Medicare, or VA benefits shall be verified by the BCS or Administrator. Social Security and/or Supplemental Security Income shall also be verified at this time whenever possible in the case of residents who will be funded through the Medicaid system. Medicaid recipients and/or their responsible parties shall be instructed as to the system and procedure for payment of income to the facility and the facility bed-hold policy.

Prospective private pay residents shall be informed of the daily rate, bed-hold rate, and ancillary services for which charges may be made as stated in the contract.

3. Determining Eligibility based on CBC

At the time of the referral, the front desk receptionist will check the Illinois State Police Sex Offender Registry and the Illinois Department of Correction Parolee Sex Offender Registry for any hits on the referred resident. The results of both will be kept in a binder managed by the Front Desk Receptionist. If clear, the Assistant Administrator will do a State Police Criminal Back Ground Check. Results will be sent to the facility secured email and will need to be decrypted by the Assistant Administrator. The results will be kept in a binder managed by the Assistant Administrator. Any "hits" will be reviewed by the Administrator and Regional Manager to determine continued eligibility for placement. If the resident is disqualified, an Involuntary Discharge will be initiated.

4. Scheduling Admission

The admission of the resident shall be scheduled by the Admissions Director who shall give notification, in advance, to the appropriate staff. A room shall be assigned by the Social Services/Admissions Director and the Director of Nursing with the final approval of the Administrator. The Medical Records Director shall be responsible for setting up the resident's chart. The Housekeeping Supervisor shall ensure that the assigned room is thoroughly cleaned and required furniture is in place. The Shift Coordinator shall be responsible for having the room ready for the resident prior to admission.

5. Admission

On or before admission the "Contract Between Resident and Facility" and all accompanying admission paperwork as detailed in the Admission Checklist shall be completed with the resident/responsible party.

Resident rights shall be reviewed with the resident /responsible party at the time of admission.

Advance Directives including but not limited to the POLST shall be reviewed with the resident/responsible party at the time of admission. Code status will be communicated to the appropriate disciplines. Powers of Attorney/Guardianship paperwork shall be obtained on or before the admission.

A photograph shall be obtained by the Social Service/Admission Director or designee and uploaded into the electronic medical record.

The resident will be oriented to the facility utilizing the New Resident Checklist.

Notification shall be made by the BCS to the designated public state funding agencies as deemed appropriate by the State.

The BCS shall set up the business file in MatrixCare. Any personal funds the resident wishes to place in the Resident Fund Account shall be given to the BCS for deposit.

An admission note shall be written by the Social Service Director/ Admissions Director and documented in MatrixCare identifying pertinent information including, but not limited to, status of the resident, pastoral notification, discharge plans, and advance directives.

The admitting nurse shall complete the following:

- a. Verify all orders for medications, treatments, therapies and diet, with the physician (if not signed by the physician prior to the transfer)
- b. Complete an Admission Body Assessment (noting skin condition, including any unusual marks, wounds and scars), Braden Scale, Fall Information Acknowledgement, Pressure Ulcer Information Sheet, Pain Assessment, Psychotropic Consents (if appropriate), and other observations if deemed appropriate.
- c. Enter Physician orders into MatrixCare.
- d. Notify the food service department of the resident's diet by completing a diet order card.
- e. Order medications from pharmacy.
- f. Make an initial entry in the chart which shall include:
 - i. Age
 - ii. Sex
 - iii. Where the resident was admitted from
 - iv. Diagnosis
 - v. Room number
 - vi. How the resident was transported and who accompanied him/her
 - vii. Any allergies
 - viii. Resident reaction to admission
 - ix. Transfer Status at the time of admission
- g. Complete the nursing assessment form in complete detail.

The Shift Coordinator or designated CNA shall complete the following:

- a. Record resident's vital signs
- b. Complete the inventory of clothing and personal articles
- c. Properly store personal articles.
- d. Assign Bath/Shower schedule
- e. Complete the Safe Resident Handling form
- f. Orientate the resident/family to facility, room, TV, bathroom, call lights, dining room/meal times, activities, therapy schedule, and salon hours.

Clothing shall be marked at the time of admission by Housekeeping staff, or designated staff.

6. Orientation to Facility

- a. The resident/responsible party shall be introduced to the Administrator, and then accompanied by the Social Service/Admissions Director to their room, or if placement on Garden Court the resident and family shall be introduced to the Garden Court Coordinator for orientation to the neighborhood. If the resident's physical condition prohibits, or if transfer is via ambulance, the resident shall be taken directly to the assigned room.

7. Activities

The Activity Director or Garden Court Coordinator shall assess the individual to determine areas of interest to be incorporated into the resident's plan of care.

8. Social Services

The Social Service Director or Garden Court Coordinator shall assess the individual to determine any identified social needs and incorporate those into the plan of care.

9. Dietary Assessment

Upon admission, the new resident shall be interviewed by the Food Service Supervisor or designee. During this interview, the Food Service Supervisor or designee shall obtain information from the resident and/or family regarding food likes and dislikes and any food allergies. This information shall be placed on the resident's chart by the Food Service Supervisor.

10. Care Plan

Refer to Policy No. 3.01 (Care Plan & Procedure) for resident assessment and care plan development.

Frequency:

With each new resident admitted to the facility.

Location:

All areas of the facility as specified in procedures.